

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90036 007 ***150.00

DOCUMENT # P93000013864

1. Corporation Name

THE SIMPKINS CO., INC.



Principal Place of Business

3161 ST. JOHNS BLUFF RD S
#5 & 6
JACKSONVILLE FL 32246
US

Mailing Address

3161 ST. JOHNS BLUFF RD S
#5 & 6
JACKSONVILLE FL 32246
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1993

4. FEI Number

59-3175032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 3165 St Johns Bluff Rd S

26 3165 St Johns Bluff Rd S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #5

27 #5

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip Country

Zip Country

24 32246

25 USA

29 32246

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMPKINS, WILLIAM J
3161 ST. JOHNS BLUFF RD S
SUITE 9
JACKSONVILLE FL 32246

81 Name

Simpkins, William J

82 Street Address (P.O. Box Number is Not Acceptable)

3165 St Johns Bluff Rd S

83 Suite #5

84 City

Jacksonville

FL

85 Zip Code

32246

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William J. Simpkins

WILLIAM J. SIMPKINS

April 16, 1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME
SIMPKINS, WILLIAM J
STREET ADDRESS
2651 CONGAREE DR W
CITY-ST-ZIP
JACKSONVILLE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

VP
NAME
SIMPKINS, ELIZABETH
STREET ADDRESS
2651 CONGAREE DR W
CITY-ST-ZIP
JACKSONVILLE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William J. Simpkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 (904) 565-1543
Date Daytime Phone #

CR2E034 (1/98)